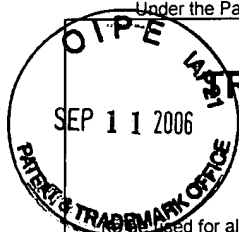


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TRANSMITTAL FORM

(Use this space for all correspondence after initial filing) Total Number of Pages in This Submission 3		Application Number	10/705,662
		Filing Date	November 10, 2003
		First Named Inventor	Alfred D. Commins et al.
		Art Unit	3635
		Examiner Name	Yvonne Michele Horton
		Attorney Docket Number	SST-1367

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Post Card
Remarks Check No. _____ is attached in the total amount of \$1,520.00 which includes the fee for this Notice of Appeal of \$500.00 and the fee for a petition for a three month extension of time of \$1,020.00. The Commissioner is hereby authorized to charge underpayment of any fees, including extension of time fees to Deposit Account No. 03-4075. A duplicate copy of this authorization is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Law Offices of James R. Cypher		
Signature	<i>James R. Cypher</i>		
Printed name	James R. Cypher		
Date	September 07, 2006	Reg. No.	22,448

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